FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J61092

(9)

1036 S. OCEAN DRIVE, INC.

Mailing Address

Principal Place of Business

1024 OCEAN DR

FILED Apr 23 1997 8:00am Secretary of State



MIAMI BEACH FL 33139		MIAMI BEACH FL 33139-5014				
					3, Date Incorporated or Qualified 03/10/1987	3a. Date of Last Report 04/22/1996
2. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-2785083	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			g. Continuate of dialog beomed	Fee Required
City & State		City & State	າ ້		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,	
24	25	[29]	30			Yes No
000	g. Name and Address of C	urrent Hegistered Agent		81 Name	10. Name and Address of New Reg	istered Agent
	EER, EVELYN LANGUEB			61 Name		
2400 SOUTH DIXIE HWY.			82 Street Add		dress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33133					
				83		
				84 City	: -	FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	7.0502 and 607.1508, Florid State of Florida. Such chan obligations of, Section 607.	da Statutes, the a ge was authorize 0505, Florida Sta	above-named cor ed by the corpora atules.	poration submits this statement for the pution's board of directors. I hereby accep	1 1
SIGNATURE	Signature, typed or printed name of registor	red agent and little if applicable	(NO1): Register	ed Agent signature requ	red when re-installing)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DE	LETE 1.11	IULE		Change Addition
NAME	ALEXANDRU, ADRIAN		1.2 1	NAME		
STREET ADDRESS	689-86 ST		1,3 5	STREET ADDRESS	•	
CITY-ST-ZIP	BROOKLYN NY		1.4 (CITY - ST - ZIP		
TITLE		☐ DE	LETE 2.11	TILE		Change
NAME			2.21	NAME		·
STREET ADDRESS	ę.		2.3 5	STREET ADDRESS		
CITY-ST-ZIP			2.4	CITY-ST-ZIP		
TITLE		☐ DE	LE1E 3.11	IITLE		☐ Change ☐ Addition
.NAME	l		3.21	NAME		
STREET ADDRESS			333	STREET ADDRESS		
City-St-ZIP			34.	CITY-ST-ZIP		
TITLE		☐ DE	LETE 4.1 1	IIILE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 9	STREET ADDRESS		
CITY-ST-ZIP			4.4 (CITY - ST - ZIP		
TITLE		☐ DE	LETE 5.11	TITLE		Change Addition
NAME			5.27	NAME		
STREET ADDRESS			5.3 8	STREET ADDRESS		
CITY-ST-ZIP			5.4 (DITY-ST-ZIP		
TITLE		☐ DE				Change Addition
NAME			6.21	NAME		
STREET ADDRESS			6.3 5	STREET ADDRESS		
CITY-ST-ZIP				CHTY-ST-ZIP	*	

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, at on an attrictment with an address.